i .	PLACE OF BUTT		
		NA STATE BOA	RD OF HEALTH
•	District of	VITAL STATISTICS	State Index No. 108
		TIFICATE OF BIRTH	County Registrar No. 371
5	or		Local Registrar No.
	City of No.	hospital or institution give	its NAME instead of street and number
	2. Full name of child losa / Yangsa) If child is not yet named, ma
	3. Ber of Child To be answered ONLY in event of plural births. To be answered ONLY in order of the control of	other 6. Legitimate?	Date of birth May 4 -/
	FATHER Pull name (CA) males (Light)	14. Full maiden name	Month day year
h stated.	9. Residence (Usual place of abode) If nonresident, give place and state Miname	15. Residence (Usual place of ab	
of birth	16. Color or race	If nonresident, give pl. 16. Color or race	
n order	Wilfican 11. Age at last birthday 35 (Years 12. Birthplace (city or place) mfico	18. Birthplace (city or pla	
_	(State or country) 13. Occupation	(State or country)	melico
	Nature of industry	19. Occupation Nature of industry	Harris
	20. Number of children of this mother (a) Born alive and now living. (21. Were precautions taken against eph- (Taken as of time of birth of child herein (b) Born alive but now dead		
	CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE		
	(Born alive or stillborn.)		
	should make this return. A stillborn child in one that neither breather nor shows other wrideness of life after him.	The c	(Physician or midwife)
	Seven case of life after birth. Address Biven name added from a supplemental report Month, day, year. Filed	May 31, 1924	C. E. June